

Page 1

Quality Control

CX 12108/29(500)

Rec'd 500

Queso

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Work Order ID 89356

August-24-12 1:22:22 PM

89356

Page 2

Item ID: D2529 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Washer
 Start Date: 8/21/12 Start Qty: 100.00 ***100*** Cust Item ID:
 Required Date: 9/14/12 Req'd Qty: 100.00 ***100*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location <u>B11</u>	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

2/8 12/9/06

12/9/11 JD

mc
12-09-07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

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Page 1

Work Order ID: 89356

Parent Item: D2529

Parent Item Name: Washer

Start Date: 8/21/12

Required Date: 9/14/12

Start Qty: 100.00

Required Qty: 100.00

Comments: IPP: C01.09.18Added purchasing infoCB

IPP D 07.07.06 rev E dwg EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
PFS-FW14S1 WASHER		Purchased	No				Each	0.0000		100		8/24/12	(000)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

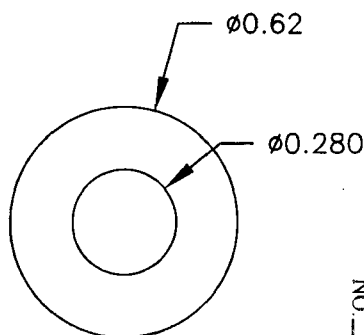
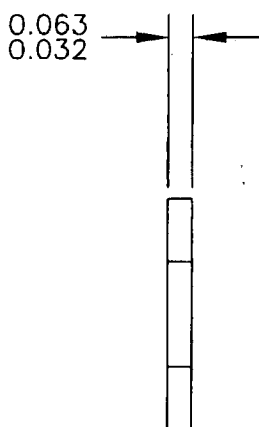
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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

DART

DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>th</i>	APPROVED <i>th</i>	DRAWING NO. D2529	REV. E SHEET 1 OF 1
DATE 07.04.17		TITLE WASHER	SCALE 2:1
A	95.12.22	NEW ISSUE	
B	96.08.28	ADD SS	
C	97.03.24	RE-DESIGN, CHANGE MATERIAL SPEC.	
D	97.10.14	CHANGE THICKNESS (TSR A144)	
E	07.04.17	UPDATE DRAWING NOTES	

RELEASED
07.06.28 *th*

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITH NOTICE
WORK ORDER
NO. 89356 M45
12/08/29

D2529 WASHER

- 1) MATERIAL: AISI 303 OR AISI 304/316 STAINLESS STEEL
(REF DART MATERIAL SPEC M303R OR M304R)
- 2) POSSIBLE SUPPLIER: ACKLANDS, P/N: PFS FW14S1
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES 0.005 TO 0.010 MAX

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ACKLANDS – GRAINGER INC.
765 CAMERON ST.
HAWKESBURY ON K6A 2B7
(613) 632-2739

REMIT TO
ENVOYEEZ À

ACKLANDS – GRAINGER INC.
PO BOX 2970
WINNIPEG MB R3C 4B5

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY ON
K6A 1K7

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY ON
K6A 1K7

PACKING SLIP ONLY
INVOICE TO FOLLOW

PACKING SLIP#
1417 0420012

PAGE
PAGE NO
1 of 1

CLIENT CUST. NO. 1726280		NO DE REFERENCE DU CLIENT CUST. REF. NO. 17792		NO. DE LICENSE PROVINCIALE P.S.T. LIC. NO. N/A - HST		NO. DU CONTRAT CONTRACT NO.		EXP. DIRECTE DIR. SHIP N		DATE DE LA COMMANDE ORDER DATE 08/30/2012		DATE DE LA FACTURE INVOICE DATE 08/31/2012									
UR PERSON	TERMES TERMS *** NET 30 ***		NO. DE VERSEMENTS NO. OF PMTS. 0		M.E.P. M.B.P. 0		DATE DU PREMIER VERSEMENT FIRST PAYMENT DATE 00/00/0000 16:30		APP. DE CREDIT CREDIT AUTH		S'APPLIQUE AU NO. DE FACTURE APPLY TO INVOICE NO.		RC/ B.O./SUB.		COPIES		TPS/GST				
4. QUANTITE QTY		CODE COM. COM. CODE		NO. DE PIECE ITEM NO.		PRIX DE LISTE SUGG. LIST		QUANTITE COMMANDEE QUANTITY ORDERED		QUANTITE EXPEDIEE QUANTITY SHIPPED		CODE DE COM. B.O. CODE		UNITE DE MESURE DE COMMANDE ORDER UNIT OF MEASURE		PRIX PRICE PAR PER ESC DIS		PRIX EXTENSIONNE EXTENDED PRICE		T. P. P. S. T.	
5. DESCRIPTION X-TRA				DESCRIPTION																	
07B				PFS FW14S1 WASHER FLAT 18.8SS 1/4		9.72		500		500		EA		5.929 100		29.65		NYY			

COPIE DU CLIENT
CUSTOMER COPY



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO17792**

Purchase Order Date 8/29/12

PO Print Date 8/29/12

Page Number 1 of 1

Order From :

VC-ACK001

ACKLANDS - GRAINGER INC.
P.O. BOX 2970
WINNIPEG, MB R3C 4B5
CA

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

613 632 2739

Requisition Nbr

Vendor Fax

613 632 5386

Tax Resale Nbr

10127-2607

Vendor Account Nbr

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
8/29/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	PFS-FW14SI	WASHER	9/04/12 Yes	500.00 Each	Yours ppd	\$0.0593	\$29.65

Special Inst: AS PER DWG D2529 REV. E
B89356

PO Total:

\$29.65

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 8/29/12

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required **YES** NO

FORM 7090